



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 4794

Bib Data Sheet

|   |   |  |  |   |                                    |
|---|---|--|--|---|------------------------------------|
| <b>SERIAL NUMBER</b><br>09/819,294  | <b>FILING OR 371(c)<br/>DATE</b><br>03/27/2001<br><b>RULE</b>   | <b>CLASS</b><br>345                              | <b>GROUP ART UNIT</b><br>2676  | <b>ATTORNEY<br/>DOCKET NO.</b><br>P-5776CNT |                                    |
| <b>APPLICANTS</b><br>Petr Hrebejk, Usti nad Labem, CZECH REPUBLIC;<br>Martin Matula, Praha, CZECH REPUBLIC;   |   |  |  |   |                                    |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 09/789,222 02/20/2001 PAT 6,831,655   |   |  |  |   |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |  |  |   |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/17/2001</b>  |   |  |  |   |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and<br>Acknowledged |   | <b>STATE OR<br/>COUNTRY</b><br>CZECH<br>REPUBLIC | <b>SHEETS<br/>DRAWING</b><br>23  | <b>TOTAL<br/>CLAIMS</b><br>16               | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>24209   |   |  |  |   |                                    |
| <b>TITLE</b><br>GRAPHICAL USER INTERFACE FOR DETERMINING DISPLAY ELEMENT ATTRIBUTE VALUES   |   |  |  |   |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>710   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                    |